

Worksheet 1 - State General and Contact Information			
1. General Information			
1). State Name:			
2). Underwriting Status:			
3a). Does your State have an interactive health plan comparison tool for the Small Group market?			
3b). Enter the Website address for the Small Group market comparison tool that includes benefits and prices for discrete plans; or enter the State website address if "No" is entered above.			
4a). Does your State have an interactive health plan comparison tool that includes benefits and prices for discrete plans for the Individual market?			
4b). Enter the Website address for the Individual market; or enter the State website address if "No" is entered above.			
2. State Data Submission Contacts			
Primary Contact			
First Name:		Last Name	
Phone Number:		Extension:	
Email:			
Backup Contact			
First Name		Last Name	
Phone Number:		Extension:	
Email:			
3. State Data Submission Validation Contacts			
Primary Contact			
Name:		Last Name	
Phone Number:		Extension:	
Email:			
Backup Contact			
Name:		Last Name	
Phone Number:		Extension:	
Email:			
<p>PRA Disclosure Statement</p> <p>According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1086. The time required to complete this information collection is estimated to average (10.17 hours) or (609.6 minutes) per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.</p>			